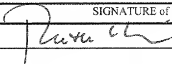


|  |  |                               |                                       |
|--|--|-------------------------------|---------------------------------------|
| <b>REVOCATION OF POWER OF<br/>ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>and<br/>CHANGE OF CORRESPONDENCE<br/>ADDRESS</b> |  | Application/Patent Number     | 7,148,251 B2                          |
|  |  | Filing/Issue Date             | December 12, 2006                     |
|  |  | First Named Inventor/Patentee | James A. Shayman                      |
|  |  | Confirmation Number           | 9824                                  |
|  |  | Group Art Unit                | 1626                                  |
|  |  | Examiner Name                 | Janet L. Coppins                      |
|  |  | Attorney Docket Number        | 3646.1001-002                         |
| Title  | AMINO CERAMIDE-LIKE COMPOUNDS AND THERAPEUTIC METHODS OF USE   |                               |                                       |
| I hereby revoke all previous powers of attorney given in the above-identified application.                                 |  |                               |                                       |
| <input type="checkbox"/>   | I hereby appoint the following practitioner(s): [Not to exceed 10]   |                               |                                       |
| OR   |  |                               |                                       |
| <input checked="" type="checkbox"/>  | I hereby appoint the practitioners associated with the Customer Number: <b>48329</b>   |                               |                                       |
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| <input type="checkbox"/>   | Other  |                               |                                       |
| Please direct all telephone calls and facsimiles to:   |  |                               |                                       |
| Name   | Steven G. Davis, Esq.  | Tel. No.                      | (617) 342-4000 Fax No. (617) 342-4001 |
| I am the:  |  |                               |                                       |
| <input type="checkbox"/>   | Applicant/Inventor.  |                               |                                       |
| <input checked="" type="checkbox"/>  | Authorized representative of the Assignee, The Regents of the University of Michigan, of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.                       |                               |                                       |
| <input type="checkbox"/>   | Authorized representative of the Assignee, [ FILL IN WITH NAME OF ASSIGNEE ], together with [ FILL IN WITH NAME OF ASSIGNEE ], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed. |                               |                                       |
| SIGNATURE of Applicant or Assignee of Record   |  |                               |                                       |
| Signature  |   |                               |                                       |
| Name & Title   |  |                               |                                       |
| Date   | 14 July 2009   |                               |                                       |

**Ruth L. Rasor**  
**Director of Licensing**  
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